'Anti-fat' bias among doctors

Results of a web-based survey, designed to assess attitudes towards weight, reveal implicit and explicit 'anti-fat' bias among doctors.

**Overview:** Preventing and managing overweight and obesity are complex problems, with no easy answers. The prevalence of obesity in England has more than doubled in the past 25 years ([National Obesity Observatory](https://www.nuffieldhealth.org.uk/national-obesity-observatory)). The latest [Health Survey for England (HSE) data](https://www.gov.uk/government/collections/health-survey-for-england) shows that in England in 2011, 65% of men and 58% of women were overweight or obese and 24% of men, 26% of women were obese. Foresight's [Tackling Obesities: Future Choices](https://www.gov.uk/government/publications/tackling-obesity) report, published in October 2007, predicted that if no action was taken, 60% of men, 50% of women and 25% of children in Britain could be obese by 2050.

**Current advice:** NICE has guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. This guidance aims to:

- stem the rising prevalence of obesity and diseases associated with it
- increase the effectiveness of interventions to prevent overweight and obesity
- improve the care provided to adults and children with obesity, particularly in primary care.

NICE also has public health guidance on [obesity](https://www.nice.org.uk/guidance/PH28), which focuses on how communities can help to prevent overweight and obesity in adults and children. This guidance provides a framework within which local authorities, health care organisations and other groups can implement community based and individual interventions to prevent or manage obesity. Health and other relevant professionals should have training in the health risks of being overweight and obese. One component of this training is knowing the appropriate language to use.

**New evidence:** Doctors’ attitudes towards weight were examined by a web-based survey, the Weight Implicit Association Test ([Sabin et al. 2012](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291335/)). This survey was voluntary and available via a public website, [Project Implicit](https://projectimplicit.net) between 2006 and 2010. During this time 359,261 people responded, of whom 86% lived in the USA. Medical doctors (n=2284) were identified through their self-reported level of education.

Of the doctors, 78% lived in the USA, 55% were women, 62% had normal BMI and the mean age was 34 years (standard deviation=11.5 years). Implicit 'anti-fat' bias was measured by the average time to respond to images people who were described by the authors as 'overweight' or 'thin' accompanied by good or bad words. For example, people who categorised good words with thin people faster than they associated good words with overweight people were considered to have an implicit preference for thin people. Explicit 'anti-fat' bias was measured by endorsing a statement of strong, moderate, slight or equal preference for 'fat' or 'thin' people.

Results showed strong implicit and explicit anti-fat bias in underweight, normal weight and overweight medical doctors. In the 11% of doctors who were obese, both implicit and explicit 'anti-fat' bias was moderate. These results were similar to those found for the general population sample. Strong explicit
'anti-fat' attitudes suggest that people, including medical doctors, may feel that it is socially acceptable to express negative attitudes about overweight people.

This study was not based on a random, representative sample of doctors, so these results may not be generalisable to doctors as a whole. Additionally, the authors did not define the BMI range of the people in the pictures shown to doctors. It is therefore not known whether people classed as 'overweight' were overweight or obese, or both, or whether those classed as 'thin' were normal weight or underweight, or both. However, despite its limitations, the authors suggested future studies should investigate whether clinicians' implicit and explicit weight bias affects the quality of care that overweight patients receive.

Commentary: "Although not entirely new or unexpected, this paper confirms the day-to-day experience of overweight and obese people in Western industrial nations. Previous studies, too, have shown that health professionals are biased against individuals with a higher than medically ideal weight or BMI (Schwartz et al. 2003). The inclusion of an implicit measure, and the relatively high number of participants in this study, however, lend further weight to the need for change in our attitudes towards body weight.

“Education of health care professionals, as suggested in the report, may improve communication between patients and doctors, and reduce the current hostility towards overweight and obese people. However, it will probably only touch the surface. For real change, we need to move away from the current focus on individual lifestyle and body weight in health promotion, media messages, and day-to-day conversation. Only by changing the culture and language used that labels overweight and obese people automatically as 'health offenders' will we be able to move from an atmosphere of blame to one of support for any individual with health problems (Bacon and Aphramor 2011).” – Dr Irmgard Tischner, Senior Lecturer in Psychology, University of Worcester

Study funding: Project Implicit.